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For the American Medical Intelligencer.

ART. I.—PHILADELPHIA HOSPITAL.

DR. DUNGLISON, ATTENDING PHYSICIAN.

Case of Typhoid Fever. Reported by J. B. COTTMAN, M. D., Senior Resident Physician.

Margaret Morton, æt. 22; servant; born in Trenton, New Jersey, has been married five years; was confined in the obstetrical ward of this institution with her first child four years ago; enjoyed good health until the 8th of August, 1839, when she was taken with pain in her head, chest, and back; felt so weak in her knees that she could scarcely walk, (was then living at the inclined plane on the Columbia Railroad;) remained in this state until Sunday, August 11th, when she was brought to the hospital.

State.—Face slightly flushed; pulse a little excited; says she has diarrhœa; no pain on pressure over abdomen. Ordered

℞. Olei ricini, ʒij.

Tr. opii, gtt x.

12th.—The nurse reports that she has been up only twice within the last twenty-four hours; evacuations of good consistence; pulse somewhat excited; skin warm and dry; thirst. Ordered ice internally and to the head; milk diet.

14th.—Dr. Dunglison saw her at his visit to-day; found her pulse very frequent; tongue coated with a yellow fur; skin hot and dry; bowels have been open once in the twenty-four hours for the last two days. Ordered

Pulv. ipecac. grs. xv. Statim.

Continue other treatment.

15th.—Medicine vomited her very freely; commenced purging at night; to-day her bowels have been open ten or fifteen times; evacuations bloody; pain on pressure over the abdomen; pulse frequent; skin hot and dry; tongue somewhat cleaner.

℞. Hyd. chlorid. mit. gr. i.

Pulv. opii, gr. $\frac{1}{8}$:—ter in die.

16th.—Bowels open less frequently—eight or ten times in the twenty-four hours; stools still contain some blood; other symptoms the same as yesterday.

Continue treatment.

17th.—Fever very high; skin hot and dry; pulse 120, quick and irritable; cephalalgia; meteorism; anorexia; great tenderness on pressure over the epigastric region; diarrhœa still continues.

℞. Olei ricini, ʒij. Statim.

℞. Mist. efferves. ʒvi. Capt. ʒss. q. h. sec.

Cucurbitulæ cruentæ, No. VI. epigastrio.

Ice internally and kept constantly applied to head.

19th.—Mouth affected by the calomel; gums red and swollen; face flushed; skin hot and dry; pulse 110, irritable; pain on pressure over the abdomen. Discontinue calomel and opium; commence with the following:

℞. Pulv. ipecac. comp. grs. ij. quater in die.

Continue other treatment.

8 o'clock, P. M.—Increase of cerebral symptoms; dulness of hearing; tinnitus; intellect dull; increase of fever; skin hot and dry; thirst; complains of pain in head; skin of head very hot; pulse frequent.

Cucurbitulæ cruentæ, No. VI. nuchæ.

Felt much relief from the cups; fell asleep immediately after, and slept well all night; found her asleep at 12 o'clock next day.

21st.—Yesterday evening complained very much of pain in head, dryness of mouth, thirst; intelligence dull; rose-coloured spots very distinct over the abdomen, a few on the thorax; face flushed; skin hot and dry; pulse 120; complains of pains in abdomen, with tenderness, more especially at epigastrium.

Emp. epispas. 6×6 epigastrio.

Blistered surface to be dressed with the following ointment:—

Ung. hydrarg. fort. ℥i.

Morph. sulph. grs. v.

Apply a mustard cataplasm to lower part of abdomen. Continue Dover's powders.

22d.—Slept well; appearance rather improved; drowsy; dulness of intellect; answers questions slowly; yesterday, in an effort at vomiting, felt something "give way" in the right side of her head: since then has been very deaf in the right ear, and complains of much pain; pulse 100, regular; skin cooler; bowels open twice this morning; evacuations scanty.

Continue treatment.

23d.—Slept well; this morning is very dull and stupid; answers questions very imperfectly; pupils contracted; tongue coated with a brown fur; pulse 80, intermittent; action of heart irregular, remits every third beat; skin hot and dry; lost three or four ounces of blood to-day by epistaxis, with apparent relief of the cerebral symptoms; bowels have not been open to-day.

Emp. epispas. 3×2 No. II. behind the ears.

An enema of warm water. Continue ice. Discontinue Dover's powders.

24th.—Slept none; very restless, constantly tossing about the bed, moaning and crying aloud; face flushed; pupils contracted; intelligence dull; does not answer questions, but seems to understand; tongue cleaner; papillæ at the tip elevated. Blisters did not draw well; dressed with the ung. hydrarg. Bled freely from the nose during the night; pulse 88, intermittent—in the course of an hour it rose to 120, full, though compressible; face became very much flushed; skin was hot and dry; patient delirious.

Apply thirty American leeches to temples and behind the ears.

Continue other treatment.

25th.—Slept none during the night—a few hours this morning; at present remains quiet; pulse frequent and full, regular; pupils contracted; tongue clean; answers no questions, and appears scarcely to comprehend them; bowels open twice to-day: in the afternoon her face became very much flushed; eyes suffused; pulse more frequent; skin hot and dry. Ice was applied freely to the head, and the other treatment continued.

26th.—Slept none, constantly tossing about the bed throughout the night—has slept three hours this morning; pupils contracted; tongue dry; re-

spiration easy; skin warm and slightly perspirable; pulse 144, full; skin of head and feet hot; slight subsultus; delirious; voice very much altered, shrill. Cucurbitulæ cruentæ, No. IV. nuchæ.

℞. Olei ricini, ℥ij. statim.

27th.—Slept none; very delirious all night; constant jactitation; expression wild; face very much distorted, expressive of pain; does not answer questions; subsultus tendinum; skin of natural temperature; tongue dry, covered with small ulcerations about the tip; complete anorexia; pulse 120, compressible; diarrhœa slight; three evacuations in twenty-four hours, containing shreds, very offensive.

℞. Ol. terebinth. ℥ss.

Muc. lini. ℥vss. pro enemate.

Ice to be kept constantly applied to the head; mustard cataplasms to abdomen and legs; blistered surfaces to be dressed with the ung. hydrarg.

28th.—Slept five hours; very much improved; expression better; more intelligent; asks for food; answers questions; very deaf; no subsultus; tongue moist, tip diphtheritic; respiration easy; slight cough; temperature of skin natural; pulse 102, regular; epistaxis during the night; four stools in twenty-four hours, yellow, contain no shreds, less offensive; had two stimulating injections last night—one to-day. Continue treatment.

29th.—Slept well last night; improved in every respect to-day. Continue treatment.

31st.—Slept well on the night of the 29th, with manifest improvement the next day; slept very little last night; slightly delirious to-day; still very deaf; tongue moist, cleaner, no ulcerations; slight bronchitis; some cough; less tenderness on pressure over region of abdomen; bowels open three times in twenty-four hours, consistence good, natural.

Continue ice internally, and a common injection instead of the stimulating one; discontinue cold applications to head; gruel.

September 1st.—Slept well until about 4 o'clock this morning, then became wakeful, and tossed about the bed; moaned much; slightly delirious to-day; skin hot and dry; the rose-coloured spots have entirely disappeared from the abdomen and chest, and been replaced by numerous sudamina.

Ice to head. Continue other treatment.

2d.—Sleep disturbed during the night—has slept, however, some to-day; expression rather wild; eyes very prominent; skin warm; pulse 100; bowels open once in twenty-four hours. Continue treatment.

3d.—Slept well; improved; skin natural; pulse 100, regular. Treatment the same.

6th.—Patient has been doing well since last date. Convalescent; allowed ice internally, and a better diet; discontinue all other remedies.

10th.—Still improving; sudamina have almost entirely disappeared; spleen felt very distinctly; tongue clean; bowels kept open once in the twenty-four hours by means of small doses of castor oil.

15th.—Patient able to sit up; hears much better; appearance much improved; appetite good; allowed a mild and unstimulating diet.

Oct. 2d.—Quite well. Discharged cured.

This case is interesting, as it presented all the symptoms of typhoid fever so well marked; not only those phenomena which have always been ranked with the symptoms of fever, such as the temperature, state of the tongue and pulse, but those which have more recently been considered to mark a peculiar form of fever, namely, *meteorism, rose spots on the abdomen, sudamina and enlargement of the spleen.*

ART. II.—DEATHS BY POISON.

[We copy the following interesting article from a recent number of a British periodical.¹]

We have before us a report made to the house of commons at the instance of Sir Robert Inglis, and ordered to be printed on the 27th of August in the present year. It is entitled, "Returns from the Coroners of England and Wales of all inquisitions held by them during the years 1837 and 1838, in Cases where Death was found, by verdict of Jury, to have been caused by Poison." This report is fraught with deep and melancholy interest; and considering that the public may be benefited by an extended publication of its contents, we have with considerable care and labour reduced the returns into a compact and popular shape, to adapt them to our columns.

We regret, first, that the returns are not complete, some coroners having neglected to comply with the request of the commons; and, second, that the coroners who have made returns, have, in many instances, omitted particulars of great moment. We have endeavoured, however, to make the best of the imperfect materials before us.

We have classed the deaths under the various descriptions of poison by which they were caused.

<i>Arsenic.</i>	184	and disordered in mind and body,	1
Taken by a girl disappointed in love,	1	By men, through reduced circumstances, pecuniary embarrassments, &c.	6
By a girl, in a fit of passion,	1	Taken through drunkenness,	12
By a girl, in a fit of jealousy,	1	By a farmer and innkeeper, who, having had a handsome legacy left to him, spent it in riotous living, got into debt, and took poison to escape his creditors,	3
By a girl who had robbed her master's son,	1	Through poverty,	1
By a girl, seduced and deserted by a married man,	1	Through despondency,	52
By a girl, subject to fits and despondency,	1	In lunacy,	7
By pregnant girls, to destroy themselves,	5	In food, by accident,	5
By a pregnant girl, to procure abortion,	1	In mistake, by young people, in food prepared for vermin,	1
By a pregnant girl, deserted by her lover, who was suspected to have procured her the poison,	1	In mistake, by a married woman, who, having mixed it with oat-meal for vermin, was innocently supplied by her husband with food prepared from the mixture,	1
By a pregnant girl—how or by whom administered not known,	1	By accident, the deceased having tobacco and arsenic loose in the same pocket,	1
By a wife, separated from her husband,	1	In mistake for cream of sulphur,	1
By a young woman, married unhappily, and separated from her husband,	1	Administered to a child in mistake for magnesia,	1
By a cook-maid, distressed by the death of a friend,	1	Queen's cordial,	3
By an insane mother and two children—administered by the former,	3	Taken inadvertently, in various ways,	5
By five children, to whom it was administered by an insane mother,	5	Administered wilfully,	2
By a man, embarrassed by debt,		How administered not known,	20
		Felo de se,	

¹ Lond. Med. Gaz. Nov. 15, 1839, p. 294.

Taken without cause assigned in the report,	36	Through loss of situation,	1
<i>Opium</i> ,	42	Willfully administered,	2
Overdose, taken by adults in ignorance,	11	How administered not known,	3
Overdose, administered to children by mothers and nurses,	8	Felo de se,	4
Administered to a child in mistake for other medicine,	1	No cause assigned, &c.	14
Supplied by a deaf druggist for manna, and administered to a child by an ignorant nurse,	1	<i>Cough Syrup</i> ,	1
Administered to a child, found dead in the Trent, extensively bruised (the poison and the wounds both sufficient to account for death),	1	Overdose, given by a mother to her child,	1
Taken by a child in ignorance,	1	<i>Syrup of Poppies</i> ,	5
Taken through drunkenness,	2	Overdose, administered to children by mothers and nurses,	5
Through lunacy,	9	<i>Godfrey's Cordial</i> ,	12
How administered not known,	1	Overdose, administered to children by mothers and nurses,	10
Felo de se,	2	Administered to children by mistake for syrup of rhubarb,	2
Taken without cause assigned, &c.	5	<i>Infant's Mixture</i> , (most probably preparation of opium,)	1
<i>Laudanum</i> ,	133	Overdose, given by a mother to her child,	1
Administered by mistake,	2	<i>Morison's pills</i> ,	1
— for antimonial wine,	1	Taken as a medicine,	1
— for paregoric,	2	<i>Tartar emetic</i> ,	2
— for Godfrey's cordial,	2	Three drams, taken to cure ague,	1
— for syrup of buckthorn,	1	Overdose, given to an infant,	1
— for tincture of rhubarb,	4	<i>Colchicum</i> ,	3
Sold at a druggist's for antimonial wine—the druggist not bred to his trade, and kept two shop-girls, one of whom (the coroner ascertained) gave twice as much laudanum for a penny as the other,	1	Overdose, taken for the gout,	1
Taken by adults as medicine,	11	Taken as medicine,	2
An overdose, taken by a drunken surgeon,	1	<i>Mixture for vermin</i> ,	2
Taken by mistake for a surgeon's draught,	1	Taken by children within whose reach it was left,	2
Administered to children in mistake,	2	<i>Hellebore</i> ,	1
Drunk by a child, within whose reach the phial had been left,	1	Taken by a "temporary lunatic,"	1
Given by a child to an infant, to allay coughing in the mother's absence,	1	<i>Mercury</i> ,	2
Overdose to infants by mothers and nurses,	26	Taken by a "temporary lunatic"	1
Taken inadvertently,	7	Felo de se,	1
Through despondency,	4	<i>Bichromite of potash</i> ,	1
Through drunkenness,	9	Eaten ignorantly by a child,	1
Through dissolute conduct,	1	<i>Aqua fortis</i> ,	2
Through lunacy, induced by want,	2	Drunk by a child, within whose reach it was left,	1
Through lunacy from various causes,	30	Taken in temporary lunacy,	1
		<i>Oxalic acid</i> ,	19
		Taken by a woman, who had quarrelled with her husband,	1
		By a person of defective intellect,	1
		Through lunacy,	8
		Through drunkenness,	1
		Through want of employment,	1
		By a young woman, on the emigration of her brother,	1
		By a child, within whose reach it was left,	1
		Without cause assigned,	5
		* * It is singular, that nearly the whole of the cases of poisoning by oxalic acid occurred in Middlesex.	
		<i>Nitrate of silver</i> ,	1
		By a child (swallowed percussion caps),	1

<i>Castor-oil seeds</i> ,	1	<i>Medicine</i> ,	1
Taken inadvertently,	1	Administered to an infant—intended for an adult,	1
<i>Fungus</i> ,	4	<i>Muriate of tin</i> ,	1
Eaten for mushrooms,	4	Taken by a child in mistake for vinegar,	1
<i>Rum</i> ,	1	<i>Cantharides</i> ,	1
Ignorantly given to a child for inflammation of the bowels,	1	An embrocation, containing tincture of cantharides, administered to a child in mistake,	1
<i>Extract of lead</i> ,	1	<i>Laudanum and aquafortis</i> ,	1
Found in solution by a woman, and given to a child in mistake for ginger-wine,	1	Lunacy,	1
<i>Essential oil of almonds</i> ,	4	<i>Carburetted hydrogen gas</i> ,	2
Taken in lunacy,	2	Inhaled during sleep, through an accidental escape of gas,	2
Without cause assigned,	2	<i>Belladonna</i> , (deadly nightshade,)	2
<i>Prussic acid and arsenic</i> ,	1	Taken by mistake,	1
Taken in lunacy,	1	Without cause assigned,	1
<i>Arsenious acid</i> ,	1	<i>Paregoric elixir</i> ,	2
Taken in mistake for a purging powder,	1	Overdose, administered to children,	2
<i>Acetate of morphine</i> ,	2	<i>Decoction</i> , (nature not exactly known,)	1
Administered in mistake for other medicine,	2	Taken by a pregnant girl, with the supposed intention to procure abortion,	1
<i>Strychnine</i> , (the active principle of <i>nux vomica</i>),	2	<i>Nitrous acid, with aloes</i> ,	1
Taken by a child, to whose father it had been sent as a medicine,	1	Taken without cause assigned,	1
Lunacy,	1	<i>Cayenne pepper, &c.</i>	1
<i>Nux vomica</i> ,	3	Cayenne pepper, essential oil of cayenne, and bark, taken in alcohol, as a remedy for the ague,	1
Taken in ignorance of its effects,	1	<i>Tarberth mineral</i> ,	1
Procured by a girl of weak intellect, and given to her father, who had sent her for an emetic,	1	Taken in mistake,	1
Taken without cause assigned,	1	<i>Sulphuric acid</i> , (vitriol,)	32
<i>Wolf's bane</i> ,	1	Swallowed by children, ignorantly,	9
Eaten by a child, who found it in his father's garden,	1	— for ginger beer,	3
<i>Black ashes</i> ,	1	Administered to children, for Godfrey's cordial,	4
Procured for washing, and eaten by a child,	1	— a child, for castor oil,	1
<i>Sulphate of iron</i> , (<i>Copperas</i>),	1	— for syrup of rhubarb,	1
Taken to procure abortion,	1	— for some medicine not named,	1
<i>A vegetable poison</i> ,	3	Accidentally sold for Godfrey's cordial, and given as such to a child,	1
Taken by two children, (brothers,)	2	In a drunken fit,	1
By an adult,	1	Through insanity,	5
<i>Hiera picra</i> ,	1	Through family quarrels,	1
An overdose, taken in gin,	1	By a woman, who thought herself forsaken by God,	1
<i>Monk's hood</i> ,	1	Without cause assigned,	4
Gathered by a poor old man, and eaten in mistake for celery,	1	<i>Hydrocyanic (prussic) acid</i> ,	27
<i>Savine</i> ,	1	Taken by surgeons, depressed in mind by reduced circumstances,	3
Taken to procure abortion,	1	By a surgeon delirious from scarlet fever,	1
<i>Infusion of hemlock</i> ,	1	By a surgeon, addicted to drinking,	1
Overdose, taken by a woman,	1		
<i>Laudanum and prussic acid</i> ,	1		
A case of lunacy,	1		
<i>Potash</i> ,	1		
Taken by a child,	1		

By a surgeon, in a fit of frenzy, . . . 1	Through despondency, . . . 1
By druggists, deranged, . . . 2	Through lunacy, . . . 5
By a medical student, affected by over-study, . . . 1	Felo de se, . . . 2
By a child, in ignorance, . . . 1	Without cause assigned, . . . 1
By a gentleman, reduced from affluence to poverty, and de- ranged, . . . 1	<i>Poisons not specified, . . . 14</i>
Through disappointment in love, 1	Taken accidentally, . . . 2
Through lunacy, . . . 9	By a drunkard, in mistake, . . . 1
Without cause assigned, . . . 6	Case of miscarriage, the mother having received some noxious drug, . . . 1
<i>Corrosive sublimate, . . . 12</i>	Taken without cause assigned, 2
Taken incautiously as medicine, 1	Through lunacy, . . . 7
By mistake, for cider, . . . 1	How administered not known, 1
In a fit of passion, . . . 1	
	543

The total number of deaths by poison, in 1837 and 1838, it will be seen, was 543. Of these 261 were females: 282 males.

The total number of individuals poisoned by opium, or its preparations, was 186.

The deaths of very young children (most of them at the breast), from opium, or its preparations, administered by mothers and nurses, in ignorance of the powerful effects of those substances on infants, were 52.

The deaths of young children from opium or laudanum administered in mistake for other medicine were 20. In 11 of these cases, the names of the medicines are given, in the place of which opiates are given by mistake.

The very great number of deaths amongst children, resulting from over-doses of opium, or its preparations, and from doses thereof given in mistake for other medicines, cannot fail to excite attention. Deaths of this kind amount nearly to a seventh of the entire number of deaths by poison! The number was 72!

Most of the children poisoned in this way *lost their lives* owing to the ignorance, carelessness, or presumption of *their mothers*. It cannot be too generally known that narcotic and anodyne drugs, powerful though they be in the adult, act with infinitely greater energy upon the more sensitive nervous system of the infant; so that even experienced medical men never administer remedies of this class to the very young, without exerting the utmost caution and making the most accurate calculation. Two drops of laudanum have been known to kill an infant; nay, we have heard of a case in which one drop stole away the life of a new-born babe. It is evident that the practical inference to be deduced from the facts represented in the above table is—that *mothers and nurses should never dare to administer medicines of the narcotic kind, except under the immediate direction of the medical attendant.*

The coroner of Nottingham states, that "Godfrey's cordial is given to children to a great extent; and that he has no doubt whatever, that many infants are yearly destroyed in that borough, but who, dying off gradually, never come under his notice officially." There can be no doubt of the truth of this assertion. At all events we can say positively that such instances occur elsewhere.

It will be observed, that of the 20 cases in which death resulted from the administering of opium or laudanum by mistake, 11 were instances in which they were given instead of substances more or less resembling them in colour. No details of the mistakes are given in the remaining 9.

In recording one of the 11 cases, Mr. Browne, the Nottingham coroner, (who has very commendably entered more into detail than most of the coroners,) says:—"There appeared very great negligence on the part of the person who sold the laudanum. He had not been brought up as a druggist, but had latterly taken to the business, and employed two young girls to

attend to his shop, and sell his drugs in his absence. I ascertained, personally, at the shop, that one of them sold twice as much for a penny as the other."

In 10 of the 11 cases, although the medicines are named instead of which laudanum was administered, we are not told whether the mistake was made by the mother, the medical attendant, or the dispenser.

We find in the returns 4 cases of the administration of savine and other poisonous drugs, with the view of procuring abortion. In three of these cases, the mother perished undelivered. In the fourth, the child perished.

We believe the disgusting crime of fœticide would not be so often attempted, if the real effects of savine, and the other drugs made use of, were properly understood. These agents never can induce abortion without placing the woman's life in the greatest danger; and a very frequent result is, that she dies undelivered, having previously suffered the intensest agony.

In 8 cases, poison was taken for the purpose of self-destruction, by young women who had been seduced and were pregnant. Arsenic was the poison made use of in all these instances. It is probable, that besides these 8 cases, several other of the numerous instances of poisoning by arsenic had been the result of seduction: but this is not stated in the returns, which, we repeat, are very far from being full and satisfactory.

The deaths of 8 surgeons are entered, and it is a curious circumstance, that all of these had taken prussic acid. One had taken it with arsenic. Three committed self-destruction in consequence of pecuniary difficulties—one during the delirium of scarlet fever—one during the delirium of mania *a potu*—three during insanity. No instances of poisoning among members of the other learned professions are stated. *Perhaps* this may be owing to an omission in the returns—but we are rather inclined to consider that they are not defective on this point.

Do not these facts furnish medical men with materials for melancholy reflection? Eight of their brethren have, within a short period, destroyed themselves: whilst no other profession is named on the tables. Three of these, indubitably, were urged to the rash act by embarrassments; and four committed suicide in insanity, which was probably induced by long-continued anxiety and disappointment. In one case only—that of insanity following scarlet fever—could different and natural causes be assigned. May not these instances of self-destruction be deemed indications of an overstocked and ill-regulated profession?

These important returns would furnish us with the means of extending our remarks to a much greater length, but we must—for the present at least—forebear. We cannot, however, conclude, without expressing our approval of a valuable suggestion made by Dr. Frampton, coroner for Dorsetshire. This gentleman thinks there should be some way of *compelling* those who sell poison to *register* the day and the hour of sale, and the name of the purchaser. Mr. Frampton justly observes that from a want of such compulsory registration, the ends of justice are frequently frustrated.

Great credit is due to Sir Robert Inglis for having called for these returns. They would, however, be much more useful to medical and political science, had information been required as to the profession, trade, or station in life, of each individual; and if it had also been stated (whenever possible) how the poison had been procured—whether from a druggist, a surgeon, or otherwise—the quantity sold, the age of the dispenser, and whether any precautions had been taken by him to prevent mistakes.

BIBLIOGRAPHICAL NOTICES.

*Morton's Crania Americana.*¹

We have more than once announced the advent of this splendid work, and have endeavoured to bespeak a favourable attention to it, founded on the specimens which we had seen. The opinion we gave of those specimens we can conscientiously transfer to the whole work. It is a monument of the industry and research of the author; and stamps him as a man of learning and of unbounded zeal as an anthropologist.

The pure naturalist and the phrenologist may consult its pages with advantage; for the phrenological measurements of the various nations and tribes are given: and should the reader be entirely ignorant of phrenology, he may find, in the appendix, "Phrenological Remarks on the relation between the Natural Talents and Dispositions of Nations, and the Developments of their Brains, by George Combe, Esq."

The lithographic plates are admirable specimens of art, and we strongly recommend the work to all who take any interest in the differences between the members of the great human family;—and who is there that does not?

*Dr. Simons's Report on the Yellow Fever of Charleston.*²

This is an interesting paper, carefully and impartially drawn up, and confirmative of the non-contagious character of epidemic yellow fever as it prevails with us; and, therefore, an additional evidence against the ineffectual and, too often, vexatious quarantine regulations, adopted to prevent its importation.

We extract the following facts from Dr. Simons's pamphlet;—

"In 1839 there were 134 deaths: adult males, 104, females, 14; native children, 8; strangers' children, 7; blacks, 1 female. This present year the fever occurred earlier than usual. On the 7th of June, three patients were admitted into the Marine Hospital, from the ship *Burmah*, which had arrived from Havana, of which I was informed by the physician of that institution. The pilot, contrary to the requisitions, that all vessels having sickness on board, should be brought to quarantine, improperly brought in this vessel. The remainder of the seamen on board, that were sick, were sent to the Lazaretto, and the ship was thoroughly cleansed and ventilated, being in ballast; she was in the stream, and did not come to the wharf for some weeks after, and had no communication, as far as could be ascertained, with other vessels. On the 17th and 19th, cases were admitted into the hospital from the ships *Chatham*, *Leonore*, and *Elizabeth Bruce*. The *Chatham* and *Elizabeth Bruce* were lying at *Fitzsimons'* wharf; the *Leonore* was lying in the stream, opposite these vessels, and had never been to

¹ *Crania Americana*; or a comparative view of the skulls of various aboriginal nations of North and South America: to which is prefixed an essay on the varieties of the human species. Illustrated by seventy-eight plates and a coloured map. By Samuel George Morton, M. D., Professor of Anatomy in the Medical Department of Pennsylvania College at Philadelphia, Member of the Academy of Natural Sciences of Philadelphia, of the American Philosophical Society, of the Historical Society of Pennsylvania, of the Boston Society of Natural History. Folio, pp. 296. Philad. 1839.

² Report on the History and Causes of the Strangers' or Yellow Fever of Charleston. Read before the Board of Health. By Thomas Y. Simons, M. D., Chairman of the Board. (Printed by order of the Board.) 8vo, pp. 24. Charleston, 1839.

the wharf; the *Burmah* was lying in the stream off Roper's wharf; the distance from each of the vessels was therefore considerable, and there were a great many vessels between, on board of which no sickness had as yet occurred. The *Chatham* arrived here from Boston, on the 5th of June, in ballast; the *Elizabeth Bruce* arrived in Charleston, from New York, 7th of June in ballast; and the *Leonore* sailed from Boston, and arrived on 7th of June, in ballast—all of the crews were well. Subsequently, the disease occurred in different vessels in the harbour, which it would be unnecessary here to detail. Soon after the cases of the *Burmah* had occurred, a proclamation was issued by the mayor and council, requiring all vessels, arriving from infected ports to be brought to quarantine: the vessels were there brought, their cabins cleansed, their holds ventilated, and their rotten fruit destroyed. No single case of fever arrived from the West Indies, or otherwise, in the city, that I am aware of, after this arrangement.

"The fever having occurred so early in the season, and so soon after its occurrence on board the *Burmah*, created suspicion of contagion in the minds of some, but I could not, upon the minutest investigation, come to that conclusion; and a committee¹ appointed by the Medical Society, after making a minute and thorough investigation, came to the conclusion that the fever was not introduced by the *Burmah*, or by contagion, but was produced by the peculiar condition of our atmosphere: in other words, was endemic, and arose from causes among us."—p. 9.

Dr. Simons shows, that the number of native children, who die during the prevalence of fever, is small; and he pointedly refers to "the injudicious plan of estranging children from the atmosphere of a city in a warm climate: and thus, at the age when they should be active and enterprising, they are liable to the disease, and many have either died or been subjected to great sacrifices."—p. 13.

He farther remarks, that "all, who have not been acclimated to Charleston, are liable, in the years when it prevails, to the fever, from which many escape; but those from southern latitudes are much less liable than those from northern latitudes, either in America or Europe, and those of the surrounding country are less liable than those in the upper parts."

As to the causes that engendered the epidemic, Dr. Simons judiciously expresses his entire ignorance. We have, indeed, stated elsewhere,² that, on the whole subject of the causation of endemic and epidemic diseases, we are sadly in the dark. Hypothesis upon hypothesis has been adduced, and all that we still seem to know is, that under an inappreciable union of inappreciable atmospheric and terrestrial conditions, yellow fever, and other endemic or endemico-epidemic diseases occur among us. But when we say we *know* this much, the admission only exhibits the amount of our ignorance.

Since writing the above we have received the

Report on the late Epidemic in Augusta, Ga.³

The deductions in this report—drawn up by a committee, of which Drs. F. M. Robertson, I. P. Garvin, and P. F. Eve, were the members, are in

¹ The committee consisted of Dr. A. Lopez, Chairman, Drs. James Moultrie, E. Geddings, J. M. Campbell, Henry Winthrop, and the President, J. E. Horlbeck.

² *Elements of Hygiene*, Philad. 1835.

³ A Report on the Origin and Cause of the late Epidemic in Augusta, Ga. Submitted to a committee of the physicians of Augusta, on the 10th of December, 1839. 8vo, pp. 30. Augusta, Ga., 1839.

accordance with those above mentioned as regards the non-contagious character of the disease. They are embodied in the first of the following resolutions :—

"1. *Resolved*, That from the facts disclosed in the foregoing report, we are of the opinion that the cause of the late epidemic was not introduced into our city, in any manner whatever, from foreign sources; nor do we believe the disease to have exhibited, in the slightest degree, a contagious nature.

"2. *Resolved*, That in our opinion, the cause of the late epidemic arose from the accumulation, at the upper 'Trash Wharf,' between Lincoln and Elbert streets, of upwards of 200,000 cubic feet of vegetable and animal matter, collected from the lots and streets of the city, since the year 1834, which was opened and exposed to the action of the sun, in the months of May and June last.

"3. *Resolved*, That we most earnestly urge upon our fellow citizens, the necessity of having this fountain of miasmata, and other similar collections, thoroughly and effectually eradicated during the present winter; and also, the importance of having a system devised, the faithful execution of which, shall, in future, secure our inhabitants from the direful effects of like accumulations in our vicinity, and the deleterious consequences arising from a general neglect of cleanliness, which, for some years past, has been too common in our city, owing to its unprecedented state of health."—p. 28.

As respects the inferences in the two last resolutions, doubts may be rationally entertained. The committee, under the impression that the unknown cause must reside either in animal or vegetable substances, or both, in a state of "dissolution," carefully sought for such substances, and found them; at first we are told a mass of decayed cotton seed was presumed by some to be the cause; by others, a lot of damaged bacon; by others, again, the excessive growth of the *morus multicaulis*! The committee fix the *fons et origo mali* in the animal and vegetable decomposition in the "upper Trash Warf,"—*quod est demonstrandum*! At the conclusion of their report. They publish a correspondence between Dr. Robertson, their chairman, and our able friend and former colleague, Professor Geddings, of Charleston. We wish they had added the following to the other questions propounded to him:—"Have you had any sufficient reason, from your own observation, to believe that the source of the stranger's fever in Charleston was in animal or vegetable decomposition or 'dissolution,' or both?"

The conclusions at which Dr. Simons arrives in the pamphlet noticed above are full of good sense. After stating, that in addition to the causes commonly invoked, there is a peculiar condition of the air, independently of them,—for these causes exist every year, but do not produce the disease regularly,—he adds,

"The exact nature of that condition of the air we do not understand; it has as yet eluded the researches of philosophers, chemists, and physicians, and may prove beyond the ken of human wisdom to discover. The nature of malaria, and the laws of epidemics, are puzzling problems in medical research; we have had many speculations thereon, but nothing proved as yet. Thus far we do know, however, that a city atmosphere is necessary to generate yellow fever; and it is a wise system of medical police, that all causes, which may, by a possible contingency, prove agents in producing disease, should be removed. Hence the cleansing of the docks at a proper season, the preventing of exhalations from the drains, and the clearing them out in the winter season, or when necessary; the carrying of scavenger's offals beyond the precincts of the city, or obviating their deleterious influ-

ence by preventive means; keeping the streets, as well as the yards, clean; draining, and filling up low lots; having all the cellars kept dry, and properly ventilated; prohibiting of any more cellars; burying the dead beyond the precincts of the city; and the introduction of a plentiful supply of pure water: these measures, if they can be accomplished, constitute, in my opinion, judicious and important preventive means; and having thus used all human means, according to our finite attainments, we must leave the rest to a supreme and higher power."—p. 22.

Prof. T. D. Mitchell's Introductory Lecture.¹

We have had the pleasure to draw the attention of our readers more than once to productions similar to the one before us from Prof. Mitchell's pen. The present introductory lecture embraces a topic not easily managed, but respectably accomplished by its author. The main pains which he points out are, *first*, Difficulties encountered by some pupils in the course of study; *secondly*, Obstructions in the way of the physician of obtaining business; *thirdly*, Unkind treatment from professional brethren and from patients; *fourthly*, Sad consciousness of the imperfections of the science or of his failure to give its principles the right application. The sources of pleasure enumerated are,—the study of medicine itself, and—with many—the practice; the expansion of mind and liberality of sentiment, and the feelings of compassion and benevolence engendered by it. From this portion of the address we extract the following specimen of the author's matter and manner:—

"And think you, gentlemen, that in this inventory of the sources of pleasure, we mean to overlook the pure and exhilarating delight, that bursts upon the soul and covers it with ecstasy, when our efforts, blessed by Heaven, restore to friends and family, one who is endeared by every tie that binds kindred spirits together? Oh, no! faithless should we prove to truth and to the dignity of our calling, if this resplendent gem were not permitted to shine out from the mass of crudities in which it lies embedded. Are there not some in my hearing, who have already seen the visions of by-gone years rise to their view, to give life and vigour to the faint traces of reality to which I have referred, who can exclaim of a truth

'All which I saw, and part of it I was,'"

and who feel that the happiness of being instrumental in snatching from the grave one estimable fellow being, is enough to counterbalance all the sorrows and perplexities that gather in the revolution of years? The affectionate wife has beheld, with untold agony, the last gasp of the partner of her bosom, and he has gone from her sight, notwithstanding the most untiring efforts of the medical attendant. Unsatisfied with one deadly thrust, the fatal epidemic strikes again, and yet once more, and the victims are borne to the narrow house in quick succession, till at length, like the forest tree, shattered by the fury of the tempest, a solitary branch remains to tell the heart-stricken widow, that she has not ceased to be a mother. But, even that branch, the last hope of her desolate heart, lies prostrate, speechless, almost within the icy embrace of the relentless tyrant, that spares not for tears, though they flow like rivers in their onward course. The frantic gaze of the bereft one, darting from the couch of the dying, to the countenance of

¹ *The Pains and Pleasures of a Medical Life; being an introductory to a course of lectures on Materia Medica and Therapeutics, (Session 1839-40.)* By Thomas D. Mitchell, M. D., Professor of Materia Medica and Therapeutics, in the Medical Department of Transylvania University. (Published by the Medical Class.) 8vo, pp. 24. Lexington, Ky., 1839.

the physician, has an eloquence in it of unutterable import. It seems to say, with imploring, yet despairing intensity of feeling, 'spare, oh spare my only child, save me from going down, solitary and alone, in sorrow to the grave.' A new vigour is inspired by the touching and resistless appeal. The energies of the healing art are taxed afresh, its resources are developed and applied with augmented power; the dying man revives, the anxious parent weeps for joy, and cannot find language strong enough to pour out the overflowings of her soul in gratitude to him, who has been the honoured instrument in effecting the happy result.

"Where is the physician, who at such a juncture would barter his profession for any occupation below the stars? Where the man, from whose memory the circumstances of such a scene could be effaced, while mind retained its powers; or who would not treasure up its minutest details, and call them from the storehouse of the past, to dwell upon the vision with new delight?

"The only remaining source of pleasure which the limits of this discourse will permit me to name, is the high satisfaction attendant on successful efforts to elevate the medical character. The well-educated and honourable practitioner is grieved at the defects, so long tolerated in the profession, especially as they relate to the preparatory instruction of candidates. He sickens at the recklessness with which so many are encouraged to shelter themselves under the broad wing of the healing art, as if it were designed by heaven to be a house of refuge, a common receptacle for the lame, the halt and the blind of all occupations under the sun. But he rejoices that not a few worthies are added to the roll, from time to time, who have made their foundation sure, and have erected a superstructure that will do honour to their alma mater; and he hails them with joy, as co-workers in the noble effort of redeeming the profession from the degradation in which it has been sunk by ignorance and chicanery. It affords him unspeakable gratification to take by the hand every such youthful candidate for business, and to encourage him by his counsel, his friendship, and his influence. He has not forgotten the perils of his own opening career, and he knows by experience the value of a medical friend and adviser, at such a crisis.

"Is the character of a brother practitioner defamed without cause? he will not be a silent witness of the injustice that is meditated; but feeling for his injured reputation as he ought, will nobly defend his cause. He rejoices to rescue from unmerited odium, the humblest member of the profession, assured that the disgrace of one is in some measure the degradation of the whole fraternity. And while he pays a reasonable deference to the distinctions that unavoidably obtain, as the result of contingencies, he delights in making those his chief companions, who to their love of science and a regard for the honour of their profession, add the charms of a virtuous and consistent life. He feels the force of a resistless affinity for kindred spirits, for those who are identified in their sympathies with the great interests of humanity, and he prefers to rally under the outspread banner of the public good, rather than to fight beneath the narrow flag of party. With Sydenham, he embraces the whole family of man in the grasp of his benevolence, and is proud to be one of a fraternity, whose province it is, 'to soothe the troubled spirit, and give the sufferer rest.'"—p. 22.

MISCELLANEOUS NOTICES.

*M. Donné on Milk.*¹—The following *résumé* is given by the author at the conclusion of his memoir "on Milk," &c.

1. The chemical history of the phenomena which milk presents when left to itself, can be completed only by microscopic observation.

2. Milk may be defined a liquid holding in solution, casein, as the blood contains fibrine, a peculiar sugar and salts; and holding in suspension globules of fatty matter or of butter.

3. The solubility of the milk globules in alcohol and ether, which do not dissolve casein, on the one hand, and on the other, the want of action of the aqueous solution of iodine, which does not colour the milk globules, but does colour casein (as it does all azotised organised matters) yellow, prove that the casein does not form part of the globules, and that it does not exist in milk in a concrete state.

4. All the milk globules may be retained by the filter, and the filtrated liquid, transparent as water, will deposit casein under the influence of acids; this experiment also proves that the casein is in a state of solution, and moreover that the white colour of milk depends on the fatty matter suspended in the form of very fine globules; milk may therefore be regarded as an emulsion.

5. The first phenomenon which milk left to itself presents, is the ascent of the cream: cream is formed by the milk globules collecting at the upper part in consequence of their specific gravity; below the cream is the milk properly so called, in which there are, however, two distinct layers; the upper one whiter than the lower, which is a little greenish, and semi-transparent. These differences of shade depend only on the greater or less quantity of milk globules contained in the different layers of liquid, which are arranged according to their specific gravity. Cream exists, therefore, in the milk at the moment of its exit from the body, and milk and cream differ only in the proportion of fatty or butyraceous globules which each contains.

6. The second phenomenon observed is the change of milk to the acid state; it is in fact well demonstrated that this fluid, when it comes from the body, is alkaline; gradually the cream thickens, the casein coagulates, gases are disengaged, the smell of *Brie* cheese is perceived, and the microscope exhibits a number of infusory animalcules and vegetables; a real putrefaction, in short, is established.

7. It is necessary to distinguish the part which the cream or non-azotised portion and the casein or azotised portion, each takes in this decomposition or fermentation. For this purpose the two elements must be separated by the filter, and it is then observed that the cream rapidly becomes very acid, while the serum, deprived of fatty matter, and holding casein in solution, tends to the alkaline or putrid fermentation.

8. The infusory vegetables which are produced in this case do not appear till a long time after the milk has passed to the acid state; they cannot, therefore, be regarded as the cause of the fermentation, as the vegetables discovered by M. Cagniard Latour in the liquids undergoing the alcoholic fermentation, are; and as to the infusory animalcules, they exist as well in the alkaline as in the acid portion of the fermenting milk.

9. The microscopic vegetables of the milk, figured by M. Turpin as resulting from the transformation of the milk globules, are equally developed on the surface of the butter, previously melted and treated with ether, and on the surface of milk which has been filtered and entirely freed from globules.

10. No experiment can demonstrate the existence of one or two vesicles in the milk globules: all the facts establish, on the contrary, that they are perfectly homogeneous.

¹ Lond. Med. Gaz., Nov. 15, 1839, p. 302.

11. The best method of preserving milk is boiling it on a sand-bath in vessels which are afterwards hermetically sealed.

12. The butter resulting from the agglomeration of the fat globules of the milk may be obtained in a vacuum of carbonic acid gas, in hydrogen, &c. It cannot, therefore, be admitted that it is formed under the influence of the air by a combination of oxygen or acidification.

13. There is a constant relation between the secretion of *colostrum* in women before delivery, and the secretion of milk after. Women are, in this respect, divisible into three classes. 1st, Those in whom there is scarcely any secretion of milk to the end of gestation; and in whom there is secreted only a viscid liquid containing scarcely any milk globules, and but few granular bodies; in those the milk after birth is poor and in small quantity. 2d, Those in whom the milk before birth is more or less abundant, but poor in milk globules, which are small, ill-formed, and often mixed with mucus-globules as well as granular bodies; these characters indicate a greater or less quantity of milk after birth, but that it will be poor and serous. 3d, Those in whom the colostrum is rich, in well formed and full-sized milk globules, and mixed with no other substance than the granular bodies: these characters in general announce an abundant supply of rich and good milk after birth.

14. With respect to the influence of age on nurses, it is remarked that among the people of Paris, it is rare to find a good one after thirty, while those in the country are in their full vigour at that age; as to the influence of locality, it appears from the tables of mortality that the mortality of children is least in prosperous provinces, among people who have plenty of cattle, and especially of cows; in this respect Normandy holds the highest rank. The colour of the skin and hair does not appear to have the influence generally attributed to it; among 400 nurses the results were balanced between the brunettes and the blond; but among 9 red-haired women only 5 presented satisfactory qualities. The developement of the superficial veins of the breast, and various sensations which women feel during gestation, are unimportant; while the developement of the nipple, the brown or at least well-marked colour of the areola, and a certain firmness of the breasts, accord generally with an abundance of good milk. The external appearances which are most important in this respect, are a certain degree of general plumpness, and a moderate fullness of the breasts.—*Comptes Rendus*, Sept. 18, 1839.

On some New Signs of Suspension having taken place during Life. By M. DEVERGIE.¹—In a memoir presented to the Academy of Medicine, M. Devergie notices two circumstances which, in cases of hanging, will prove whether suspension has taken place during life or not. The facts of an ejaculation of sperm in the last moments of life, in cases of hanging, and of the existence of spermatie animalcules in urine, when an emission of urine has immediately followed an ejaculation, are well known, and have led M. Devergie to search for these animalcules in the urethra of persons who have been found hanging. If in such cases the urethra be slit open, or, better still, if its contents be pressed out into a watch-glass, we find a mucous matter, more or less thick, exhaling a strong odour of semen, and containing here and there the peculiar animalcules which are found in the human spermatie fluid alone. But the place of these is occasionally supplied by a number of small rounded bodies resembling the animalcules without a tail; these M. Devergie conjectures, may be spermatie animalcules in an imperfect or rudimentary state. However that may be, the presence of semen in the canal of the urethra is a certain sign that suspension took place during life. The second circumstance is that the end of the penis is so reddened and

¹ Brit. and For. Med. Review, Oct. 1839, p. 572.

moistened by a mixture of semen and mucus as to give the idea of a gonorrhoea having existed; whilst the *corpus cavernosum* and *spongiosum* are so filled with thick black blood as to form a striking contrast to the paleness of the same parts in cases of natural death. This sign is of as much value as the existence of sperm in the urethra, and is observed with greater facility. —*Bulletin de l'Académie.* Nov. 20, 1838.

Medical Schools of the West.—We learn from a postscript to Prof. Mitchell's introductory lecture, that there were in that school—at the period of the publication of the address—230 students. A private letter from a professional friend in Cincinnati informs us that the number at Louisville on the 29th was 181, in Cincinnati 120.

Vermont Academy of Medicine.—This institution, which had been suspended for a time, has been reorganised; and we are glad to observe that one of our townsmen—Dr. James Bryan—has been appointed to one of the chairs. The Faculty consist of Horace Green, M. D., Theory and Practice of Medicine; Robert Nelson, M. D., General and Special Anatomy and Physiology; James Hadley, M. D., Chemistry and Pharmacy; James Bryan, M. D., Principles and Practice of Surgery; Joseph Perkins, M. D., Materia Medica and Obstetrics; and Ralph Gowdey, M. D., Medical Jurisprudence.

The annual session for public lectures will commence on the second Tuesday of March, 1840, and continue thirteen weeks.

BOOKS RECEIVED.

From the Publishers, Marsh, Capen, Lyon & Webb, of Boston.—The first volume of Dr. Gross's Elements of Pathological Anatomy. [We shall notice this useful work in our next.]

From the Author.—Introductory Lecture before the Albany Medical College. Delivered Nov. 12, 1839. By Thomas Han, M. D., Professor of Institutes of Medicine. (Published by request of the Class.) 8vo, pp. 30. Albany, 1839.

From Professor Sewall, of Washington.—An Introductory Lecture, delivered at the opening of the Medical Department of the Columbian College, Nov. 4, 1839. By John Frederick Mayo, M. D., Professor of Anatomy and Physiology. 8vo, pp. 24. Washington, 1839.

From Dr. Wm. H. Rockwell.—Third Annual Report of the Trustees of the Vermont Asylum for the Insane. Presented to the Legislature, Oct., 1839. 12mo, pp. 24. Montpelier, Va., 1839.

From the Committee.—A Report on the Origin and Cause of the late Epidemic in Augusta, Ga. Submitted to a meeting of the Physicians of Augusta, on the 10th of December, 1839. 8vo, pp. 30. Augusta, Ga., 1839.